1.	Agency Name			*	Date Stamp	California 202	
	County of Los Angeles					Form 002	
	Division, Department, or Reg	ion (If Applicabl	le)			For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact ((Name, Title)					
	Linda Balderrama - Ticket A	dministrator					
	Area Code/Phone Number	E-mail		The second secon		ovide explanation in Part 3.)	
	213-974-5555	fifthdistrict@	placbos.org		Date of Original Filing: _	(Month, Day, Year)	
2.	Function or Event Infor	mation		, , , , , , , , , , , , , , , , , , ,		05.00	
	Does the agency have a ticke	t policy?	Yes⊠ No 🗆] Face Value o	f Each Ticket/Pass \$	35.00	
	Event Description LA Dodger	rs		Date(s)5			
		Provide Title/Exp					
	Ticket(s)/Pass(es) provided by	y agency?	Yes ☐ No 🗵	If no: LA Doo	ngers Name of Sou	rce	
	Was ticket distribution made a	t the behest	No ☐ Yes ☐] If yes:			
	of agency official?		Official's Name (La	ast, First)			
· ·	Recipients						
	Use Section A to identify the agency	y's department or	unit. • Use Section	on B to identify an individu	al. • Use Section C to identi	fy an outside organization.	
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/	Describe the publ	Describe the public purpose made pursuant to the agency's policy		
			Pass(es)				
	B. Name of Individual Number Ticketts						
	(Last, First)	Ticket(s)/ Pass(es)		Identify one of the following	ig:		
	Reale, Gino				Other	Income	
	Reale, Gillo		2	If checking "Ceremonial Role" or "Other" describe below: retain quality employees			
			3	retain quality emplo	yees		
	,			Ceremonial Role	Other	Income	
			2	If checking "Ceremonia	al Role" or "Other" describe below:		
			Number of				
	C. Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant t	o the agency's policy	
•							
					Burner Berkernen gebet.		
21	Verification						
	I have read and understand FPPC Regul	ations 18944.1 and	d 18942. I have verifi	ied that the distribution set fo	rth above, is in accordance with	the requirements.	
	Malo Buls	un	Linda Balderr	ama	Ticket Administrator	7/15/15	
	Signature of Agency Head or Designee		Print Name	Control of the Contro	Title	(Month, Day, Year)	
	Comment:						

						Tit abile becamen	
1.	Agency Name		Date Stamp	California 802			
	County of Los Angeles					Form OUZ	
	Division, Department, or Reg	ion (If Applicabl	le)			For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (Name, Title)					
	Linda Balderrama - Ticket A	dministrator					
	Area Code/Phone Number	E-mail	- 111			rovide explanation in Part 3.)	
	213-974-5555	fifthdistrict@	glacbos.org		Date of Original Filing:	(Month. Day. Year)	
2.	Function or Event Infor	mation		(, 22),,			
	Does the agency have a ticke	t policy?	Yes⊠ No[☐ Face Value o	f Each Ticket/Pass \$ _	35.00	
	Event Description LA Dodger	rs		Dato(s) 5	, 14 , 15		
	Event Description	Provide Title/Exp	planation	Date(s)			
	Ticket(s)/Pass(es) provided by	y agency?	Yes □ No [If no: LA Doo	dgers Name of Soil		
	Was ticket distribution made a of agency official?	it the behest	No ☐ Yes [If yes:	Official's Name (L	ast First)	
			=====	5. 		***************************************	
	Recipients • Use Section A to identify the agency	/'s denartment or	al . Use Section C to ident	ify an outside organization			
			Number of				
	A. Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant	to the agency's policy	
	B. Name of Individua	Number of Ticket(s)/		Identify one of the followi	ng:		
	(120)		Pass(es)	Ceremonial Role	7 ~		
	Coblentz, Paul		22		Other al Role" or "Other" describe below:	Income	
			2	retain quality emplo	retain quality employees		
	WA				200		
					Other	Income	
			2	If checking "Ceremonia	al Role" or "Other" describe below:		
	C. Name of Outside Organ	ization	Number of				
	(include address and des		Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant	to the agency's policy	
		- Constant of the Constant of					
	Verification			*		* * *	
	I have read and understand FPPC Regul	ations 18944.1 and	orth above, is in accordance with	the requirements.			
	Josh Billen	on	Linda Balder	rama	Ticket Administrator	7/15/15	
	Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)	
	Comment:						

1.	Agency Name		Date Stamp	California 802		
	County of Los Angeles					Form OUZ
	Division, Department, or Reg	ion (If Applicabl	le)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				
	Linda Balderrama - Ticket A	dministrator				
	Area Code/Phone Number	E-mail				ovide explanation in Part 3.)
	213-974-5555	fifthdistrict@	Dlacbos.org		Date of Original Filing: _	(Month. Day. Year)
2. Function or Event Information				With the second		(, 2.3), ,,
	Does the agency have a ticke	t policy?	Yes ⊠ No □	Face Value o	of Each Ticket/Pass \$	35.00
	Event Description LA Dodger	rs		Date(s) 5	<u>, 16 , 15</u>	1 1
	Event Description	Provide Title/Exp	_ Date(s)			
	Ticket(s)/Pass(es) provided by	y agency?	Yes □ No 🏻	If no: LA Do	dgers Name of Sour	
	Was ticket distribution made a of agency official?	it the benest	No ☐ Yes ☐	If yes:	Official's Name (La	est. First)
					30 - W (1789-998) 4779 - 20000-20079 - \$10000	
3.	Recipients • Use Section A to identify the agency	/'s department or	ıal. ● Use Section C to identif	v an outside organization.		
	A. Name of Agency, Departme		Number of		lic purpose made pursuant to	
	A. Name of Agency, Departme	Ticket(s)/ Pass(es)	Describe the pub	ne purpose made pursuant o	o the agency's policy	
			00.5 (0.5 d) (1.0 d) (1.0 d)			
	B. Name of Individua	d	Number of Ticket(s)/ Pass(es)		Identify one of the followin	g:
			1 433(63)	Ceremonial Role	Other	Income
	Huston, Gerald		2		ial Role" or "Other" describe below:	
			² re	tain quality emplo	oyees	
				Ceremonial Role	Other ial Role" or "Other" describe below:	Income
			2			
	C. Name of Outside Organ		Number of Ticket(s)/	Describe the nub	lic purpose made pursuant to	the agency's policy
	(include address and des	cription)	Pass(es)	bestine the pub	no parpose made parsuant to	the agency a policy
						2
١.	Verification					
	I have read and understand FPPC Regul	lations 18944.1 an	id 18942. I have verified	that the distribution set fo	orth above, is in accordance with	the requirements.
	Linde Beller	une	Linda Balderrar	na	Ticket Administrator	7/15/15
	Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)
	Comment:					
	Comment:					

						A T abile became	
1.	Agency Name				Date Stamp	California 802	
	County of Los Angeles					Form 002	
	Division, Department, or Reg	ion (If Applicabl	le)			For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)					
	Linda Balderrama - Ticket A	dministrator					
	Area Code/Phone Number	E-mail				rovide explanation in Part 3.)	
No.	213-974-5555 fifthdistrict@lacbos.org				Date of Original Filing: .	(Month, Day, Year)	
2.	Function or Event Infor	mation					
	Does the agency have a ticke	t policy?	Yes⊠ No□	Face Value o	f Each Ticket/Pass \$	35.00	
	Event Description LA Dodge	rs		Date(s)5	, 22 , 15		
	Potential	Provide Title/Exp	olanation				
	Ticket(s)/Pass(es) provided by	y agency?	Yes ☐ No 🗵	If no: LA Doo	dgers Name of Sou	1700	
	Was ticket distribution made a	at the hehest	No ☐ Yes ☐	l 16			
	of agency official?	it the benest	Official's Name (L	ast, First)			
}	Recipients						
	Use Section A to identify the agency	y's department or	on B to identify an individu	al. • Use Section C to identi	fy an outside organization.		
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/	Describe the pub	Describe the public purpose made pursuant to the agency's policy		
			Pass(es)				
	B. Name of Individual Number of Ticket(s)/						
	(Last, First)	Ticket(s)/ Pass(es)		Identify one of the following:			
	Avilla Diagnala			Ceremonial Role		Income	
	Avila, Ricardo		2		al Role" or "Other" describe below:		
				retain quality emplo	yees		
				Ceremonial Role	Other	Income	
			2		al Role" or "Other" describe below:		
			Number of				
	C. Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant t	o the agency's policy	
			1 433(63)				
_	Verification						
	verification have read and understand FPPC Regul	ations 18944.1 and	d 18942. I have verifie	ed that the distribution set fo	rth above, is in accordance with	the requirements.	
	I Billen		Linda Balderra		Ticket Administrator	7/15/15	
	Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)	
						2	
	Comment:						

1	Agency Name	-			Date Stamp	California Q02			
٠.	County of Los Angeles		Date Stamp	Form 802					
	Division, Department, or Reg	ion (If Applicable	e)			For Official Use Only			
	_	· · · · · · · · · · · · · · · · · · ·	~,						
	Board of Supervisors	(1)							
	Designated Agency Contact								
	Linda Balderrama - Ticket A				Amendment (Must pr	rovide explanation in Part 3.)			
	Area Code/Phone Number	E-mail							
	213-974-5555	fifthdistrict@	lacbos.org	The state of the s	Date of Original Filing: _	(Month, Day, Year)			
2.	Function or Event Infor					35.00			
	Does the agency have a ticke	A 1982	Yes 🗵 No		f Each Ticket/Pass \$				
	Event Description LA Dodger	rs		Date(s)5					
		Provide Title/Exp							
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No	If no: LA Doo	ngers Name of Sou	urce			
	Was ticket distribution made a	it the hehest	No ☐ Yes						
	of agency official?	it the beliest	Official's Name (L.	ast, First)					
	Recipients								
•	Use Section A to identify the agency	/'s department or	al. • Use Section C to identi	fy an outside organization.					
	A. Name of Agency, Departme		Number of Ticket(s)/		Describe the public purpose made pursuant to the agency's policy				
			Pass(es)		ne parpose made parodant i	to the agency a policy			
				Some granders and some	and the same of th				
	•								
				id.	1				
	B. Name of Individua	Number of Ticket(s)/	· ·	Identify one of the following	ng:				
			Pass(es)	Ceremonial Role	Other				
	Wing, David				Other al Role" or "Other" describe below:	Income			
			2	retain quality employees					
				Ceremonial Role		Income			
			2	If checking "Ceremonia	al Role" or "Other" describe below:				
	C. Name of Outside Organ	ization	Number of						
	(include address and des		Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant t	o the agency's policy			
-									
				6					
				Ferminia and an array programme and a second					
_	Verification	4		att the same of th					
	have read and understand FPPC Regula	ations 18944.1 and	d 18942. I have ve	rified that the distribution set fo	rth above, is in accordance with	the requirements.			
	I Bilsonen		Linda Balde		Ticket Administrator	7/15/15			
6	Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)			
						S N 350 S			
	Comment:								

						A I ablic bocalifelit	
1.	Agency Name			Date Stamp	California 802		
	County of Los Angeles					Form OUZ	
	Division, Department, or Reg	ion (If Applicabl	le)			For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (Name, Title)					
	Linda Balderrama - Ticket A	dministrator					
	Area Code/Phone Number	E-mail				rovide explanation in Part 3.)	
	213-974-5555	fifthdistrict@	lacbos.org		Date of Original Filing:	(Month, Dav. Year)	
2.	Function or Event Inform	nation		Company of the Compan			
	Does the agency have a ticker	t policy?	Yes 🗵 No 🛭	Face Value o	f Each Ticket/Pass \$ _	35.00	
	Event Description LA Dodger	'S	27	Date(s) 8	, 10 , 15	8 , 13 , 15	
	Event Becomption	Provide Title/Exp	olanation				
	Ticket(s)/Pass(es) provided by	agency?	Yes □ No 🛭	If no: LA Doo	dgers Name of So		
	Was ticket distribution made a	t the beheat		_			
	of agency official?	t the benest	No ☐ Yes ☐	lf yes:	Official's Name (I	Last, First)	
	Recipients				*		
	Use Section A to identify the agency	r's department or	al. • Use Section C to ident	tify an outside organization.			
	A. Name of Agency, Departme		Number of Ticket(s)/		lic purpose made pursuant		
			Pass(es)		pospodo made parodant	to the agency 3 policy	
	B. Name of Individua						
	(Lest, First)		Ticket(s)/ Pass(es)		Identify one of the following:		
	0				Other	Income	
	Osuna, Susie		2		If checking "Ceremonial Role" or "Other" describe below:		
				retain quality emplo	yees		
				Ceremonial Role	Other	Income 🔲	
					al Role" or "Other" describe below:	mcome	
			2				
	C. Name of Outside Organi (include address and des		Number of Ticket(s)/	Describe the publ	ic purpose made pursuant	to the agency's policy	
	(monato and acco	,	Pass(es)				
	Verification I have read and understand FPPC Regula	ations 18044 1 on	d 18942 have veri	fied that the distribution and fo	orth above in in	to the annuity and the	
	Pare read and understand I'll o Negan	ations 10944.1 am					
(Signature of Agency Head or Designee		Linda Balder	тагпа	Ticket Administrator	7/15/15 (Month, Day, Year)	
1976	and a second sec		· ····· · · · · · · · · · · · · · · ·		o inio	(IMOTILIT, Day, Year)	
	Comment:						

1.	Agency Name		Date Stamp	California 802		
	County of Los Angeles					Form 002
	Division, Department, or Reg	ion (If Applicable	e)		1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Linda Balderrama - Ticket A	dministrator				
	Area Code/Phone Number	E-mail		7.55 - 1, 2 - 1,	Amendment (Must pr	ovide explanation in Part 3.)
	213-974-5555	fifthdistrict@	lacbos.org	9	Date of Original Filing: _	Marth Day Verd
2.	Function or Event Infor			• · · · · · · · · · · · · · · · · · · ·		(Wonth, Day, Year)
	Does the agency have a ticke		Yes⊠ No	☐ Face Value o	of Each Ticket/Pass \$	35.00
		T. 956	TOO EL TOO			
	Event Description LA Dodger	Provide Title/Exp	lanation	Date(s)		
	Ticket(s)/Pass(es) provided by			ISI If no: LA Doo	dgers	
	ricket(s)/r ass(es) provided by	y agency :	Yes No	M 1110.	Name of Sou	rce
	Was ticket distribution made a	it the behest	No ☐ Yes	☐ If yes:	_	
	of agency official?			,	Official's Name (L	ast, First)
3.	Recipients	-				
	Use Section A to identify the agency	y's department or	ıal. • Use Section C to identi	fy an outside organization.		
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy		
			Pass(es)			
	R Name of Individua		Number of			
	B. Name of Individua	Ticket(s)/ Pass(es)		Identify one of the following:		
				Ceremonial Role	Other	Income
	Osuna, Susie		2	5884	necking "Ceremonial Role" or "Other" describe below:	
				retain quality emplo	yees	
	Marie Carlos Car					
				Ceremonial Role If checking "Ceremonial Role If checking "Ceremonial Role Role Role Role Role Role Role Rol	Other Dial Role" or "Other" describe below:	Income
			2			
	C. Name of Outside Organ		Number of Ticket(s)/	Describe the publ	lic purpose made pursuant t	
	(include address and des	cription)	Pass(es)	Describe the publ	nc purpose made pursuant t	o the agency's policy
	Verification					
•	I have read and understand FPPC Regul	ations 18944.1 and	d 18942. I have ve	rified that the distribution set fo	orth above, is in accordance with	the requirements.
	I Belduren		Linda Balde	errama	Ticket Administrator	7/15/15
	Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)
	Comment:					

Comment: _____

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

					A Fubile Document
. Agency Name		Date Stamp	California 802		
County of Los Angeles					roilli
Division, Department, or Regi	on (If Applicabl	(e)			For Official Use Only
Board of Supervisors					
Designated Agency Contact (Name, Title)				
Linda Balderrama- Ticket Ac	Iministrator		=		
Area Code/Phone Number	E-mail			Amendment (Must pi	rovide explanation in Part 3.)
213-974-5555	fifthdistrict@	lacbos.org		Date of Original Filing: .	(Month Day Your)
Function or Event Inform	Function or Event Information				(World, Day, Year)
Does the agency have a ticket	policy?	Yes⊠ No	☐ Face Value o	f Each Ticket/Pass \$	
		100 🖂 110	_		
Event Description LA Dodger	Provide Title/Exp	lanation	Date(s)	9 15	7 7 20 7 10
Ticket(s)/Pass(es) provided by	/ agency?	Yes □ No	If no: LA Doc	dgers	
Ticket(3)/1 d33(c3) provided by	agency:	res 🗀 No	M 11110.	Name of Sou	ırce
Was ticket distribution made a	t the behest	No ☐ Yes	☐ If yes:	Official's Name (L	
of agency official?			2000 2000	Official's Name (L	ast, First)
Recipients					
Use Section A to identify the agency	's department or	unit. • Use Sec	ction B to identify an individu I	al. • Use Section C to ident	ify an outside organization.
A. Name of Agency, Departme	Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant	to the agency's policy	
B. Name of Individua	ı	Number of Ticket(s)/		Identify one of the following	ng:
	**************************************	Pass(es)	Ceremonial Role	7 Other [7]	
Bell, Tony	8	s		al Role" or "Other" describe below:	Income L
		s		Other all Role" or "Other" describe below:	Income
C. Name of Outside Organi (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant t	o the agency's policy
Verification I have read and understand FPPC Regula	1.X • (1)				and a second and a second as
& 10 acreman	LIN	BALI	DEPLAMA T	CKET ADMINI	
Signature of Agency Head or Designee		Print Nam	e	Title	(Month, Day, Year)

		1					
١.	Agency Name			Date Stamp	California 802		
	County of Los Angeles					Form OUZ	
	Division, Department, or Reg	ion (If Applicab	le)			For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact ((Name, Title)					
	Linda Balderrama - Ticket A	dministrator					
	Area Code/Phone Number	E-mail	77			rovide explanation in Part 3.)	
	213-974-5555	fifthdistrict@	@lacbos.org		Date of Original Filing:	(Month. Dav. Year)	
2. Function or Event Information						(
	Does the agency have a ticke	t policy?	Yes 🗵 No	☐ Face Value o	of Each Ticket/Pass \$ _	35.00	
	Event Description LA Philhar	monic		Date(s) 6	, 20 , 15		
	Event Decomption	Provide Title/Exp	planation	Date(3)			
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No	If no: LA Phi	ilharmonic Name of Soi		
	Maa tiakat diatrikutian mada a	ut tha habaat	2021	_			
	Was ticket distribution made a of agency official?	it the benest	No ☐ Yes	☐ If yes:	Official's Name (L	_ast, First)	
	Recipients						
•	Use Section A to identify the agency	y's department o	ual. • Use Section C to ident	ify an outside organization.			
	A. Name of Agency, Departme		Number of Ticket(s)/		lic purpose made pursuant		
			Pass(es)				
,							
	B. Name of Individual Number of Ticket(s)/				Identify one of the following:		
	(Last, First)		Pass(es)		identity one of the followi		
	Glasgow, Lori			Ceremonial Role	Other I	Income	
	Clasgow, Lon		2	retain quality employees			
					,,		
				Ceremonial Role	Other	Income	
	Rogers, Judy		2	If checking "Ceremoni	ial Role" or "Other" describe below:		
Į	Name of Outside Organ	ization	Number of				
	Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant	to the agency's policy	
		THE STATE OF THE S					
		(90)					
	Verification					THE SEC S	
	have read and understand FPPC Regul	ations 18944.1 an	nd 18942. I have ve	rified that the distribution set fo	orth above, is in accordance with	n the requirements.	
	Z Bddenam		Linda Balde	rrama	Ticket Administrator	7/15/15	
	Signature of Agency Head or Designee		Print Name	е	Title	(Month, Day, Year)	
	0						
-	Comment:						

					711 abile Becamen		
. Agency Name			Date Stamp	California 802			
County of Los Angeles					Form 002		
Division, Department, or Regio	n (If Applicable)	A		For Official Use Only		
Board of Supervisors							
Designated Agency Contact (Na	ame, Title)						
Linda Balderrama - Ticket Ad	ministrator						
	-mail			Amendment (Must pr	ovide explanation in Part 3.)		
				Date of Original Filing:	(Month Day Year)		
. Function or Event Inform	ation			1000	(Month, Day, Tear)		
Does the agency have a ticket p	oolicy?	Yes⊠ No□	Face Value o	f Each Ticket/Pass \$	35.00		
Event Description LA Philharm		outros de la constante de la c		, 20 , 15	7		
Event Description	Provide Title/Expla						
Ticket(s)/Pass(es) provided by a	agency?	Yes □ No 🗵	If no: LA Phi	Iharmonic			
		TOOL NO.	3000,000,000	Name of Sou	rce		
Was ticket distribution made at to of agency official?	the behest	No ☐ Yes ☐	l If yes:	Official's Name (L	and Fired		
			-	Official's Name (L	ast, First)		
Recipients Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.							
		Number of					
A. Name of Agency, Department	or Unit	Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy				
	2						
B. Name of Individual	B. Name of Individual Ti			Identify one of the following	ng:		
Osuna, Susie		2	Ceremonial Role [If checking "Ceremonia retain quality emplo	al Role" or "Other" describe below:	Income		
			Ceremonial Role	Other	Income		
Cruz, Sandra		2		Other			
C. Name of Outside Organiza		Number of Ticket(s)/	Describe the publ	lic purpose made pursuant to the agency's policy			
		Pass(es)	,				
Verification I have lead and understand FPPC Regulation	ons 18944.1 and	18942. I have verific	ed that the distribution set fo	orth above, is in accordance with	the requirements.		
1 Billeum		Linda Balderra		Ticket Administrator	7/15/15		
Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)		
Comment:		(p. 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1			v.		

Agency Report of:

-	.9, .	-						
C	eremon	nial	Role	Events	and	Ticket/Pass	Distribution	ons

						A I abile bocament
1.	Agency Name			Date Stamp	California 802	
	County of Los Angeles					Form 002
	Division, Department, or Reg	ion (If Applicabl	le)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact ((Name, Title)				
	Linda Balderrama - Ticket A	dministrator				
	Area Code/Phone Number	E-mail			N 2000 12	rovide explanation in Part 3.)
	213-974-5555	fifthdistrict@	glacbos.org		Date of Original Filing:	(Month Day Year)
2. Function or Event Information				-		() = 2,,
	Does the agency have a ticke	Yes⊠ No [] Face Value o	f Each Ticket/Pass \$	35.00	
	Event Description LA Philhar	monic		Date(s) 6	, 20 , 15	
	Event Description	Provide Title/Exp	planation	Date(s)		
	Ticket(s)/Pass(es) provided by	y agency?	Yes □ No 🗵	If no: LA Phi	Iharmonic Name of Sou	
	NA/		/ <u>-</u> /	_		
	Was ticket distribution made a of agency official?	it the benest	No ☐ Yes ☐	If yes:	Official's Name (L	ast, First)
_						
٠.	Recipients • Use Section A to identify the agency	/'s department or	al. • Use Section C to identi	ify an outside organization.		
	A. Name of Agency, Departme	Stand Later 1971	Number of		lic purpose made pursuant to the agency's policy	
	7(. ramo o ragene), 2 oparano		Ticket(s)/ Pass(es)	December the publ	no parpose made parsuant	to the agency's policy
	B. Name of Individua	Number of Ticket(s)/ Pass(es)	Identify one of the following:			
				Ceremonial Role	Other	Income
	Citraro, Rosa		2		al Role" or "Other" describe below:	
				retain quality emplo	yees	
				Ceremonial Role	Other	Income 🔲
	Citraro, Al				al Role" or "Other" describe below:	Income 🔲
			2			
-						
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/	Describe the publ	ic purpose made pursuant t	to the agency's policy
	(include address and des	cription	Pass(es)			
			J			
	Verification I have read and understand FPPC Regul	ations 19044 1 an	d 19042 I have verif	and that the distribution act fo	dh abaya is in accordance with	the area in the
		auuns 10944.1 ahi J				
	Balleum Signature of Agency Head or Designee	<u></u>	Linda Balderr	rama	Ticket Administrator	7/15/15 (Month, Day, Year)
	Signature of Agency Fledo of Designed		i init ivanile		riue	(wonth, Day, rear)
	Comment:					

						A Fublic Document	
١.	Agency Name				Date Stamp	California 802	
	County of Los Angeles					Form 002	
	Division, Department, or Region (If Applicable)					For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (Name, Title)						
	Linda Balderrama - Ticket Administrator						
	Area Code/Phone Number E-mail				Amendment (Must p.	rovide explanation in Part 3.)	
	213-974-5555	fifthdistrict@lacbos.org			Date of Original Filing:		
	Function or Event Inform			(WOILIT, Day, Tear)			
	Does the agency have a ticket policy? Yes ☒ No ☐			Face Value o	f Each Ticket/Pass \$ _	35.00	
	Event Description LA Philharmonic Date(s) 6						
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: LA Ph			Iharmonic			
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒			11 110.	Name of Source		
	Was ticket distribution made at the behest No ☐ Yes [No ☐ Yes ☐	If yes:Official's Name (Last, First)			
	of agency official?			*	Official's Name (L	ast, First)	
	Recipients	110					
	Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.						
	A. Name of Agency, Department or Unit				olic purpose made pursuant to the agency's policy		
			Pass(es)				
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)	Identify one of the following:			
				Ceremonial Role		Income	
	Velasquez, Judeana		2		al Role" or "Other" describe below:		
				retain quality emplo	yees		
10	* ;			Ceremonial Role	Other _	Income	
	Jace, Jo-Anne				al Role" or "Other" describe below:	moone _	
			2				
(Name of Outside Organi (include address and desc		Number of Ticket(s)/	Describe the publ	ic purpose made pursuant	to the agency's policy	
	(include address and desi	stiption)	Pass(es)				
	· ·						
	Verification						
1	have read and understand FPPC Regula	ations 18944.1 an	nd 18942. I have verifie	ed that the distribution set fo	orth above, is in accordance with	the requirements.	
1 Bildenem		Linda Balderra	ama	Ticket Administrator	7/15/15		
	Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)	
	0						
	Comment:						

						along b coamon	
١.	Agency Name				Date Stamp	California 202	
	County of Los Angeles				ja .	Form OUZ	
Ì	Division, Department, or Region (If Applicable)					For Official Use Only	
	Board of Supervisors						
Ī	Designated Agency Contact (Name, Title)						
	Linda Balderrama - Ticket Administrator						
7	Area Code/Phone Number	E-mail	Amendment (Must provide explanation in Part 3.)				
	213-974-5555 fifthdistrict@lacbos.org				Date of Original Filing:(Month, Day, Year)		
	. Function or Event Information						
[Does the agency have a ticket policy? Yes \boxtimes No \square Face Value				of Each Ticket/Pass \$ _	35.00	
E	Event Description LA Philharmonic Date(s) 6				, 20 , 15		
		Provide Title/Exp					
7	Ticket(s)/Pass(es) provided by	y agency?	Yes ☐ No 🛭	If no: LA Phi	ilharmonic Name of So	UVOA	
١.	Was ticket distribution made at the behest No T Yes T			7			
v	of agency official?	it the penest	No ☐ Yes ☐		Official's Name (Last, First)	
-							
	Recipients Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use Section C to identify an outside organization.						
,	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy	
	Pass(es)			Describe the public purpose made pursuant to the agency's policy			
_							
	Name of Individua	Number of					
	B. Name of Individual		Ticket(s)/ Pass(es)	Identify one of the following:			
100		-		Ceremonial Role		Income	
٠	Jones, Melody		2		ial Role" or "Other" describe below:		
				retain quality emplo	oyees		
-				Ceremonial Role	Other	Income 🔲	
E	Balderrama, Linda		2		al Role" or "Other" describe below:	moonie 🗖	
			'				
_							
C	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/	Describe the publ	be the public purpose made pursuant to the agency's policy		
			Pass(es)				
•			1				
	faulti a aktor					AND THE RESERVE TO TH	
	/erification pave_read and understand FPPC Regula	ations 18944.1 and	d 18942. I have veril	fied that the distribution set fo	orth above is in accordance with	h the requirements	
	I ROLL		Linda Balderi			ALCONOMIA MONOMITO D. ■ MAN ACCONOMINATION CONTRACTOR	
/-	Signature of Agency Head or Designee		Print Name	I ailla	Ticket Administrator	7/15/15 (Month, Day, Year)	
	as Turbournes from Turbo School Cylindrope of Table 1		see territorio (Carlos Mario			(month, bay, rear)	
C	comment:						

						7 (1 abile Decament	
1.	Agency Name				Date Stamp	California Q02	
	County of Los Angeles					Form OUZ	
	Division, Department, or Region (If Applicable)					For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (Name, Title)						
	Linda Balderrama - Ticket Administrator						
	Area Code/Phone Number	E-mail	Amendment (Must provide explanation in Part 3.)				
	213-974-5555 fifthdistrict@lacbos.org				Date of Original Filing:(Month, Day, Year)		
2.	Function or Event Information						
	Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of				f Each Ticket/Pass \$ _	105.00	
	Event Description LA Philharmonic Date(s)						
		Provide Title/Exp					
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No 🛭	☑ If no: <u>LA Phi</u>	illharmonic Name of Source		
				7			
	of agency official?	it tile beliest	No ☐ Yes [If yes:	Official's Name (Last, First)		
	Recipients						
•	Use Section A to identify the agency	/'s department or	unit. • Use Sect	ion B to identify an individu	al. • Use Section C to ident	ify an outside organization.	
	A. Name of Agency, Department or Unit Number of Ticket(s)/			Describe the public purpose made pursuant to the agency's policy			
	Pass(es)						
,							
	B. Name of Individual		Number of Ticket(s)/		Identify and fall of Hard		
	(Last, First)		Pass(es)		Identify one of the following	ng:	
	Glasgow, Lori			Ceremonial Role	— —	Income	
	Glasgow, Loll		2	retain quality emplo	al Role" or "Other" describe below:		
				rotain quality omplo	y 000		
				Ceremonial Role	Other	Income _	
	Barger, Kathryn		2	If checking "Ceremonia	al Role" or "Other" describe below:		
						7	
1	• " " " " " " " " " " " " " " " " " " "		Number of				
(Name of Outside Organization (include address and description)				lic purpose made pursuant to the agency's policy		
,	Verification			in the supplier of the suppline of the supplier of the supplier of the supplier of the supplin	2005		
	have read and understand FPPC Regul	ations 18944.1 and	d 18942. I have veri	fied that the distribution set fo	rth above, is in accordance with	the requirements.	
	L Balden	- I	Linda Balder	rama	Ticket Administrator	7/15/15	
	Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)	
500	•						
(Comment:						